

EXHIBIT C
Medical File

PROGRESS NOTES

Date

Notes Should Be Signed by Physician

On or about 4/3/06, I/M to medical dept. to speak to myself & wait doctor - investigator. I/M instructed on previous occasions that he needed to sign up for sick call if he needed medical care that I could not anticipate his needs. I/M refuses but continues to ask to be seen - we discussed his immediate needs from medical dept & he did not voice any requests. Believing he had seen Mr. Sticks in Elva for eye exam & was told it was a growth but he needed to wait until he was out of jail to have surgery. He did not wish to sign medical release for us to obtain copy of records. Dr. Cain

MEDICAL HISTORY & PHYSICAL ASSESSMENT

Problems	Yes	No	Problems	Yes	No	Problems	Yes	No
Vision	✓		Hypertension	✓		Gonorrhea		✓
Hearing		✓	Anemia		✓	Syphilis		✓
Balance/Dizziness		✓	Blood		✓	Muscle Problem	✓	
Blackouts		✓	Stomach Pain		✓	Joint Problem	✓	
DT's		✓	Heartburn		✓	Arthritis		✓
Headaches	✓		Ulcer		✓	Other		
Seizures		✓	Nausea/Vomiting		✓	Other		
Nervous Disorder		✓	Gall Bladder		✓	Regular Menstrual Period		
Throat		✓	Liver		✓	Irregular Menstrual Period		
Teeth		✓	Hepatitis		✓	# of days Menstrual Period		
Asthma		✓	Diabetes		✓	LMP		
Hay Fever		✓	Kidney Disease		✓	Gravida/Para		
Pneumonia		✓	Bladder Infection		✓	Last Pap		
Tuberculosis		✓	Trouble Voiding		✓	Contraception		
Heart		✓	Pediculi (lice)		✓	Other		

EXAM:

Age 45 Sex m Race w Ht. 6-2 Wt. 181.5
Pulse 72 BP 120/80 Temp 97.4 Resp. 18

Area/Type	N	A/Comment	Area/Type	N	A/Comment
Skin: Color Condition Turgor Recent Inj.		fair, upper extremity hyperpigmentation knee - (L) arm & hand	Chest (Breasts): Configuration Auscultation Respirations Cough/Sputum		lungs clear to auscultation ✓ cough
Head: Glasses Pupils Sclera Conjunctiva Vision		did wear glasses Cataract (R) eye - poor vision (R) eye	Heart: Auscultation Radial pulses Apical pulse Rhythm		normal rhythm H/O hypertension - was on meds & at the time
Ears: Appearance Canals Hearing	✓		Extremities: Pulses Edema Joints		no edema - (4) pedal pulses knee joints - stiff
Mouth: Teeth/Gums Dentures Plates Throat Tongue Fossils		One cavity 1 missing molar ✓ lesion	Abdomen: Shape Palpation Hernia Bowel Sounds	✓	no H/O hernia BS x 4 quadrants
Neck: Veins Mobility Thyroid Carotids Lymph	✓		Spine: Genital/Urinary System	✓	no H/O UTI's
Extremities					Headache forehead over (R) eye

LABORATORY TESTS

	Date & Initial	Results
Was PPD placed and read today?	12/18/05 JH LFA	
VDRP, PPD	N/A	
Other Lab Tests needed		
Prognosis, Test	N/A	

MENTAL HEALTH OBSERVATION

	N	A/Comment
Orientation (person, place, time)		oriented x 3
General appearance (mood, behavior, mannerisms) Affect (mood)	✓	✓ depression
Content of thought (ideas of suicide, present thoughts of suicide)		no H/O suicide or thoughts

Physician Signature: Jean Harner RN

Physician Signature:

12/18/05

TO BE COMPLETED BY NURSE

DATE OF BIRTH: 12-03-05

ADMISSION DATE: 12-03-05

DATE: 12-03-05

NAME: LARRY CALDWELL

ADMISSION: I AM HAVING EYE PROBLEMS AND I HAVE A COLD

ADMISSION: I AM HAVING EYE PROBLEMS

TO BE COMPLETED BY MEDICAL STAFF:

DATE: 12-03-05

ADMISSION: I AM HAVING EYE PROBLEMS

Pre-existing eye problem. Did not wish to see
 low Dr. See notes for RY d/t c/o cold
 symptoms

ADMISSION: I AM HAVING EYE PROBLEMS

ADMISSION: I AM HAVING EYE PROBLEMS

ADMISSION: I AM HAVING EYE PROBLEMS

12/15/05

William Williams, MD

SLIP MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the medical staff for evaluation and review by the medical staff. The medical staff will arrange for an appropriate medical staff member. You will be charged in accordance with the medical center's policy.

Date 4-13-06 Pod/location B-BLK Cell C#

Inmate Full Name LARRY

Complaint/Problem EYE PROBLEM

How long have you had this problem?

Signature

Date

TO BE COMPLETED BY MEDICAL STAFF:

Temp 101.7 Resp 18 Pulse 64 B/P 110/70

Document your findings, Inmate's response/actions

Referral to ophthalmologist (K) 4/13/06

Treatment: via telephone order, via email, order checked, date to be seen again

Charged through medical to pay for this visit

Date 4/26/06 Seen by

MATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 12/20/05 Pod/Location: 11-17-1 Cell: ID# 10111111

Inmate's Full Name: Wesley, Curtis

Complaint/Problem: Went to ER 12/18/05 for chest pain

How long have you had this problem?

Inmate's Signature: [Signature] Date: 12/20/05

TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 97.5 Resp 16 Pulse 76 B/P 132/82

Instructions/Assessment: Document your findings, Inmate's responses/actions 9/0 H/A in

(L) temporal mass X 3cm that came & goes states
he thinks it's due to lip problems. Has a
mouth mass (R) corner has appearance pterygium -

has been present since 1 year. Has had swelling off the
states it looks up on the x-rays. Has had swelling off the
states it looks up on the x-rays. Has had swelling off the

☒ Received Orders - thru Treatment Protocols; via telephone order; via verbal order
☐ Follow-Up Required? If checked, date to be seen again
☐ Chronic Condition

☒ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 12/20/05 Seen by: A. Cain Yoon

PROGRESS NOTES

12/25/05 11:00 AM 11:00 AM A. [Signature]

Date Notes Should Be Signed by Physician

12/25/05 11:00 AM 11:00 AM A. [Signature]

12/25/05 S - C/o Ryle Ann + daughter
[Signature]

S - M glass extremity

A - alleged Ego Pin

R - further [Signature]

3/4/06 On AM pill call, I'm did not get 1 for
pill call. Went to neighboring cell block
+ during pill pass @ other block I'm
beat on glass to get my attention. Told
him I would come back when I finished
what I was at. When I went back to
give Mr. Caldwell his meds - he threw
this hand pup @ me @ said "just
forget it." He walked away + refused
medication.
C.O. Coleman to nurse. [Signature]

Physician's Orders

Southern Health Partners

Inmate Name: Carl Williams
 SS#: 441-1-141
 DOB: 10/22/66
 Allergies: _____

Facility
 Covington
 County
 Jail

Date: <u>12/5/05</u>	Date: <u>2/1/06</u>
CTM 4mg po Bid x 7 days	Miracle 15/50m. 1/2 tab po qid
SO Dr. McWhorter/D. Williams	SO Dr. McWhorter/D. Williams
M.D. Sig: <u>1/1/1/1</u>	M.D. Sig: <u>1/1/1/1</u>
Date: <u>12-22-05</u>	Date: <u>2/1/06</u>
@ Informed of I BID x 30 days	Decan = 1/2 Bid x 10 days
per tx. protocol for Hepatitis	
SO Dr. McWhorter/D. Williams	SO Dr. McWhorter/D. Williams
M.D. Sig: <u>1/1/1/1</u>	M.D. Sig: <u>1/1/1/1</u>
Date: <u>1-13-06</u>	Date: <u>2/24/06</u>
UDHC Informed	Percogesic 10 po Bid x 30 days
@ Percogesic 10 po BID x 10 days	for Chronic HA
per tx. protocol for Myocardial Infarction	SO Dr. McWhorter/D. Williams
M.D. Sig: <u>1/1/1/1</u>	M.D. Sig: <u>1/1/1/1</u>
Date: <u>1/23/06</u>	Date: _____
Percogesic 10 po Bid x 30 days	
SO Dr. McWhorter/D. Williams	
M.D. Sig: <u>1/1/1/1</u>	M.D. Sig: _____

Case 2:06-cv-00207-WKW-CSC Document 11-8 Filed 04/17/2006

Jan. 20. I was visiting all over with my
bag. I was having a look at the new school
house. I was told to come get his notebook
which he was to get at the school and
take it to his notebook.

2.9-16

1/2 Ricky Clemons

Arthur Rehner



INMATE SICK CALL SLIP - MEDICAL REQUEST

INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return to the medical staff for review and review by the medical staff. The medical staff will arrange for treatment if necessary. You will be charged in accordance with the medical staff's recommendation.

(Aldo's 17)
TARRA

20 JAN 2006

CO A-BLK # 42102-1411

Follow up CO HEADACHES / Blood PRESSURE C.K.

DATE 1-2-06

TO BE COMPLETED BY MEDICAL STAFF:

96.8

18

70

118/80

See Orders

1/23/06

Y. Williams, MD

INMATE SICK CALL SLIP - MEDICAL REQUEST

IF REQUESTED BY INMATE, please complete the top half of the Sick Call Slip and return to the medical staff. The medical staff will be charged if appropriate. If requested by medical staff, the bottom half of the Sick Call Slip will be charged if appropriate.

CAL/10/21/06
LARRY A-BIK 421-02-1411

I AM STILL HAVING BAD HEADACHES AND KNEE PROBLEMS

3 WEEKS

Date 01-06-06

TO BE COMPLETED BY MEDICAL STAFF:

Temp 98.2 Resp 18 Pulse 70 B/P 128/88

Summarize your findings, inmate's responses/actions C/O (R) temporal
H/A's - unrelieved by current temporal tx.
Will A to percussive.

X

Follow treatment protocols, via telephone order: via verbal order
Next date to be seen again

X

Next date to be seen again: co-pay for this visit

1/12/06

Seen by

A. Chin for

202
2/21/06



INMATE SIGN CALL SLIP - MEDICAL REQUEST

4/24/06 A A
Young, Caldwell
Review Med.

421-02-1411

10/18 time
John C.

RECEIVED BY MEDICAL STAFF

96.7 98 78 130/88

Med's ordered for Chance H/A

4/24/06 J. Williams, MD

12/18/05

421-02-1411

Clergy

C-14 Handage Circle

806-4080

1242

Cop

10/22/00

al

11/27/05

Longton

36467

Bughit

Cerington County 2004, Coffee County 2004

Annie J Caldwell
671 Putnam Street

Elba

al 36323

Mother

N/A

N/A

Dr. Lance Dyon

Elba, al

36323

N/A

NKDA

no

2005

✓

no

no

no

no

no

no

Jay Caldwell

Alan Hays Rn

12/18/05

Covington County Sheriff

MEDICAL SCREENING FORM

Booking Number

200009322

Printed: Mon Nov 28, 2005

LARRY "CLOROX" CALDWELL (S421021411)

Booking Date

NOVEMBER 27th, 2005

ADMISSION OBSERVATIONS

Is inmate conscious?	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Is inmate capable of responding?	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Can inmate walk on own?	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N
Any difficulty breathing?	Y <input checked="" type="radio"/> N	Is inmate hostile/aggressive?	Y <input checked="" type="radio"/> N	Any visible signs of trauma, bleeding, wounds or illness?	Y <input checked="" type="radio"/> N
Did arrest result in injury?	Y <input checked="" type="radio"/> N	Any fever, swollen lymph nodes, or jaundice?	Y <input checked="" type="radio"/> N	Is skin in good condition and free of vermin?	Y <input checked="" type="radio"/> N
Is inmate under obvious influence of alcohol?	Y <input checked="" type="radio"/> N	Is inmate under obvious influence of drugs?	Y <input checked="" type="radio"/> N	Any visible signs of alcohol or drug withdrawal symptoms?	Y <input checked="" type="radio"/> N
Does inmate suggest risk of suicide?	Y <input checked="" type="radio"/> N	Do you consider inmate an escape risk?	Y <input checked="" type="radio"/> N		

Observations

INMATE QUESTIONNAIRE**HAVE YOU EVER HAD/HAVE ANY OF THE FOLLOWING ILLNESSES OR CONDITIONS?**

Hepatitis	Y <input checked="" type="radio"/> N	Heart Disease	Y <input checked="" type="radio"/> N	Mental/Emotional Upset	Y <input checked="" type="radio"/> N
Tuberculosis	Y <input checked="" type="radio"/> N	Hypertension	Y <input checked="" type="radio"/> N	Attempted Suicide	Y <input checked="" type="radio"/> N
Sexually Transmitted Disease	Y <input checked="" type="radio"/> N	Epilepsy/Convulsions	Y <input checked="" type="radio"/> N	Asthma/Emphysema	Y <input checked="" type="radio"/> N
Ulcers	Y <input checked="" type="radio"/> N	Hemophiliac (bleeder)	Y <input checked="" type="radio"/> N	Cancer	Y <input checked="" type="radio"/> N
Kidney Trouble	Y <input checked="" type="radio"/> N	Aids/Exposed to Aids	Y <input checked="" type="radio"/> N	Diabetes	Y <input checked="" type="radio"/> N
DT's	Y <input checked="" type="radio"/> N	Skin Problems	Y <input checked="" type="radio"/> N	Use Insulin	Y <input checked="" type="radio"/> N
Drug Addiction	Y <input checked="" type="radio"/> N	Alcoholism	Y <input checked="" type="radio"/> N	Mental Illness	Y <input checked="" type="radio"/> N
Recent Head Injury	Y <input checked="" type="radio"/> N	Coughed/Passed Blood	Y <input checked="" type="radio"/> N	Recent Hospital Patient	Y <input checked="" type="radio"/> N
Recent Treatment	Y <input checked="" type="radio"/> N	Use Needles	Y <input checked="" type="radio"/> N	False Limbs/Teeth	Y <input checked="" type="radio"/> N
Contagious Disease	Y <input checked="" type="radio"/> N	Pregnant/Recent Delivery	Y <input checked="" type="radio"/> N		

Doctors Name and Address

Health Insurance

Special Diet

Prescriptions/Medications

Drug Allergies

Descriptions

I have read the above carefully and have answered all questions correctly to the best of my knowledge.

Inmate's Signature _____ Date: _____ Time: _____

Officers's Signature _____ Date: _____ Time: _____

CJ010 JACKSON, DON

Exp. Date: 6/30/07
Results:
Lot # 45256261
LPR

What is Tuberculosis:

Tuberculosis ("TB") is a serious, infectious (transmitted through the air) disease that most commonly affects the lungs. In the lungs, the bacteria destroys elastic lung tissues and is replaced with fibrous connective tissues. The general symptoms of active TB are often subtle, unnoticeable and may include: Fatigue; Weight Loss; Fever; Chills; and Night Sweats. Symptoms of TB in the lungs may include: a persistent cough; chest pain; and coughing up blood. Although TB is preventable and can be cured with proper medication, 5% to 10% of those with active TB will die from the disease. This is usually due to patients not taking their medications correctly or improper drug treatment. TB is usually diagnosed through the use of the Mantoux tuberculin skin test. In this test, a dose of purified protein derived from the Tubercle bacilli, which is non-infectious, is injected into the upper layer of skin on the inside of the forearm. Forty-eight to 72 hours after the injection, the test site is examined. In most cases a hardened area of tissue 10 millimeters or larger is considered an indication of infection with TB, but it is not necessarily an indication of having active TB. Chest x-rays and sputum smears and cultures are used to test for active TB.

There are several high risk groups in the US that are known to have a high rate of TB. They include:

- The homeless;
- IV drug users
- Alcoholics;
- Prison inmates
- The elderly;
- Persons with HIV Infections/AIDS

Screening:

Upon consent, all new inmates who are processed into jail, without written proof of receiving TB testing in the past year, will receive purified protein derivative (PPD) during the health screening. A nurse will read the PPD forty-eight (48) to seventy-two (72) hours afterwards and document the results in the patient's medical file. The patient will be instructed during the health screening to the necessity of follow-up medical care, the results (both positive or negative) and treatment which may be necessary.

Treatment:

During the screening, if a patient states he/she is past positive, we will not plant PPD, but will obtain a chest x-ray to see if the tuberculosis is active. When a nurse reads a positive PPD, a chest x-ray will be ordered as per physician protocol. The patient will receive information regarding the test results, symptoms of TB, proposed treatment, and follow-up care, etc.

Should the chest x-ray suggest active TB, the local Health Department, SHP Medical Team Administrator, and SHP corporate office should be notified immediately. Initiating therapy/treatment should begin under the recommendations of the local Health Department and in conjunction with the jail physician. The jail will immediately segregate the patient from general population. All people who have come in contact with the patient will have a skin test. The patient will have restricted movement and visitors in the jail, and will be required to wear a mask at all times during contact with staff and/or other persons, until subsequent tests prove no longer infectious.

All new inmates who are processed into the jail, who are on treatment and deemed not infectious will be housed in general population. If a patient is released from Jail during therapy, the local Health Department will be notified and provided with the patient's release location and/or the patient's last known address.

Consent for Testing/Treatment:

I hereby give my consent for TB testing and/or treatment, if needed. I have read and understand the above information regarding testing and treatment procedures.

Signature: Jay [Signature] Date: 12-18-09

Witness: Joan [Signature] Date: 12/18/09

[illegible]

STARTING FOR		THROUGH		
Physician		Telephone No.		Medical Record No.
Jt. Physician		Alt. Telephone		
Allergies		Rehabilitative Potential		

Diagnosis							
Medicaid Number		Medicare Number		Approved By Doctor:			
				By:		Title:	Date:
RESIDENT	<i>M. H. H. H.</i>			D.O.B.	<i>10/22/1951</i>	Sex:	<i>M</i>
				Floor:	<i>1A</i>	Patient:	Admission:

DAY SHIFT (0600-1800)		EVENING SHIFT (1800-0600)		NIGHT SHIFT (0600-1800)	
1	2	3	4	5	6
7	8	9	10	11	12
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397	398	399	400	401	402
403	404	405			

INITIALS	NURSE'S SIGNATURE	UNIT NO.	DATE	TIME	ROOM
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INSTRUCTIONS

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Tylenol gr X Bid x 30 days	A	[Handwritten: A series of 'X' marks across the row]																														
Percogesic ii Bid x 100 days 1/12/06-1/22/06	AM	[Handwritten: 'X' marks in AM column]																														
Percogesic ii Bid x 30 days	PM	[Handwritten: 'X' marks in PM column]																														
	A	[Handwritten: A series of 'X' marks across the row]																														
	P	[Handwritten: A series of 'X' marks across the row]																														

STARTING FOR	1/1/06	THROUGH	1/31/06
Physician	McWhorter		Telephone No.
Physician			Alt. Telephone
ergies	NKDA		Medical Record No.
			Rehabilitative Potential

agnosis	Medicaid Number	Medicare Number	Approved By Doctor:
			By:
RESIDENT	Caldwell, Larrin	D.O.B.	10/22/60
		Sex	M
		Room	1A
		Patient Code	
		Title:	
		Date:	
		Admission	

[illegible]

DAY SHIFT (0600-1800) EVENING SHIFT (1800-0600) NIGHT SHIFT (0000-0600)

DATE	TIME GIVEN	MEDICATION & DOSAGE	IN SITE	REASON	RESULTS OR RESPONSE	TIME	NURSES
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[illegible]

INITIALS	NURSE'S SIGNATURE	INITIALS	NURSE'S SIGNATURE	INITIALS	NURSE'S SIGNATURE
JE	[Signature]				
JE	[Signature]				

INSTRUCTIONS		INJECTION SITE CODES	
<p>ALL ANIMALS MUST BE UNDER ANESTHESIA AT THE TIME OF TREATMENT. INJECTIONS MUST BE GIVEN IN THE MUSCLE OF THE THIGH. WHEN NAME OF THE ANIMAL IS ENTERED, THE INJECTION SITE MUST BE ENTERED WITH APPROPRIATE CODE. PLEASE REFER TO THE FOLLOWING INFORMATION FOR THE INJECTION SITE CODES.</p>	<p>11. RIGHT DORSAL QUADRATUS 12. LEFT DORSAL QUADRATUS 13. RIGHT VENTRAL QUADRATUS 14. LEFT VENTRAL QUADRATUS</p>	<p>5. RIGHT LATERAL THIGH 6. LEFT LATERAL THIGH 7. RIGHT DELTOID 8. LEFT DELTOID</p>	<p>9. RIGHT UPPER ARM 10. LEFT UPPER ARM 11. RIGHT ANTE-ROG. THIGH 12. LEFT ANTE-ROG. THIGH 13. UPPER BACK-LEFT 14. UPPER BACK-RIGHT 15. UPPER CHEST-LEFT 16. UPPER CHEST-RIGHT 17. TO RIGHT AND ANTERIOR OF ELBOW JOINT 18. TO LEFT AND ANTERIOR OF ELBOW JOINT 19. TO RIGHT AND BELLOW LEVEL OF ELBOW JOINT 20. TO LEFT AND BELLOW LEVEL OF ELBOW JOINT</p>

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Percogesic TI BID 1/23/06 X30 days	A																																
	P																																
Mixide 75/50 mg 1/2 - (1.0) of 1/11	A																																
	P																																
Decan TI po BID X 7 days	A																																
	P																																
Percogesic TI BID X30 days	A																																
	P																																

STARTING FOR	2/1/06	THROUGH	2/28/06
Physician	McWhorter		Telephone No.
Alt. Physician			Alt. Telephone
Allergies	NKDA		Rehabilitative Potential
Diagnosis			

Medical Number	Medicare Number	Approved By Doctor	Title	Date
	55#	By:		
RESIDENT	42102/411	D.O.B.	Sex	Room
	Calderwell, Karen	10/17/64	M	A
			Patient	Admission
			Code	

NURSE'S
SIGNATURE TITLE

NURSE'S SIGNATURE

17 TO RIGHT AND ABOVE LEVEL OF UMBIL.
18 TO LEFT AND ABOVE LEVEL OF UMBIL.
19 TO RIGHT AND BELOW LEVEL OF UMBIL.
20 TO LEFT AND BELOW LEVEL OF UMBIL.

[illegible]

CHARTING FOR 03/01/06		THROUGH 03/31/06	PAGE 1 OF 1
Physician	MCWHORTER		Telephone No.
Alt. Physician	MCWHORTER		Alt. Telephone
Allergies	NKA		Rehabilitative Potential

Diagnosis							
Medicaid Number		Medicare Number 421021411		Approved By Doctor:			
		By:		Title:		Date:	
RESIDENT		D.O.B.		Sex	Room	Patient	Admission

7/20/2006 Page 24 of 26
Caldwell, Larry
Report Date : 04/06

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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DAILY

AM

CHARTING FOR		04/01/06		THROUGH		04/30/06		PAGE		1 OF		1	
Physician		MCWHORTER						Telephone No				Medical Record No.	
Att. Physician		MCWHORTER						Att. Telephone					
Allergies		NKA						Rehabilitative Potential					
Diagnosis													
Medicaid Number		Medicare Number 421021411				Approved By Doctor:							
						By:		Title:		Date:			
RESIDENT		D.O.B		Sex		Room		Patient		Admission			

TEMPERATURE _____
 PULSE _____
 RESPIRATION _____
 BLOOD _____
 PRESSURE _____
 WEIGHT _____

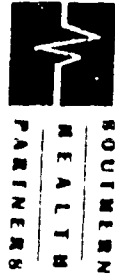
DAY SHIFT _____ EVENING SHIFT _____ NIGHT SHIFT _____

DATE	TIME GIVEN	MEDICATION & DOSAGE	INJ. SITE	REASON	RESULTS OR RESPONSE	TIME NOTED	NURSE'S SIGNATURE	TITLE
4/8/06		Continues to refuse b/p med explained risks involved.					[Signature]	

INITIALS	NURSE'S SIGNATURE	INITIALS	NURSE'S SIGNATURE	INITIALS	NURSE'S SIGNATURE
[Signature]	[Signature]				

INSTRUCTIONS
 1. ALWAYS APPROPRIATE BOX WHEN MEDICATION OR TREATMENT IS GIVEN.
 2. ALWAYS INITIALS WHEN MEDICATION OR TREATMENT IS REFUSED.
 3. INDICATE INJECTION SITE WITH APPROPRIATE CODE.
 4. STATE REASON FOR REFUSAL UNDER MEDICATION NOTE.
 5. STATE REASON AND RESULT FOR PAIN MEDICATION OR TREATMENT.

INJECTION SITE CODES
 1. RIGHT DORSAL GLUTEUS
 2. LEFT DORSAL GLUTEUS
 3. RIGHT VENTRAL GLUTEUS
 4. LEFT VENTRAL GLUTEUS
 5. RIGHT LATERAL THIGH
 6. LEFT LATERAL THIGH
 7. RIGHT DELTOID
 8. LEFT DELTOID
 9. RIGHT UPPER ARM
 10. LEFT UPPER ARM
 11. RIGHT ANTERIOR THIGH
 12. LEFT ANTERIOR THIGH
 13. UPPER BACK LEFT
 14. UPPER BACK RIGHT
 15. UPPER CHEST LEFT
 16. UPPER CHEST RIGHT
 17. TO RIGHT AND ABOVE LEVEL OF UMBILIC.
 18. TO LEFT AND ABOVE LEVEL OF UMBILIC.
 19. TO RIGHT AND BELOW LEVEL OF UMBILIC.
 20. TO LEFT AND BELOW LEVEL OF UMBILIC.



TB SKIN TEST VERIFICATION FORM

Prior to administering the TB skin test, please complete the information below. After administering the TB skin test, place this form in a central location for the test to be read within 72 hours. Once all information has been completed, file this completed form in the parent's medical record.

Inmate Name

Jerry Caldwell

Cell #

A

SS#

421-02-1411

DOB 10/22/60

Male or Female

Male

Date of TB Skin test

12/18/05

Done by Nurse

Jeananne R. V.

Previous Positive: YES or

NO

Previous Therapy: YES or

NO

TEST TO BE READ WITHIN 72 HOURS - COMPLETE BELOW INFORMATION

Date TB Skin test was read

12/21/05

Done by Nurse

A. Allen Jones

Number mm

0

Referral for Chest X-ray

YES

or

NO

If yes Date of CXP

Comments
